## State of Wisconsin Department of Regulation & Licensing Request for Decorative Certificate

Please print out and complete the lower portion of this form and return to us:

Department of Regulation & Licensing ATTENTION: Decorative Certificate

PO Box 8935

Madison, WI 53708-8935

## **Department of Regulation & Licensing**

## **REQUEST FOR DECORATIVE CERTIFICATE**

To obtain a decorative wall certificate bearing the Governor's signature, please complete the reverse side of this form.

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Certificates are 11" x 14", on blue mist riblaid cover stock with the State seal finely screened into the background. Other features include navy blue and scarlet red foiling that vertically borders the right edge of the certificate complemented with a  $2\frac{1}{2}$ " gold embossed department seal. In addition, signatures of both the Governor and the Department Secretary are printed in matching shades of blue.

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#1619 (Rev. 1/2003)

Committed to Equal Opportunity in Employment and Licensing

Ch. 440.03(7), Stats.

## **PLEASE TYPE OR PRINT IN INK:**

NAME:	DAYTIME PHONE	#		OFFICE USE ONLY	
PROFESSION:	CREDENTIAL #:				
CHECK HERE IF NEW ADDRESS. O	Certificate will be mailed to <u>curre</u>	<u>nt address</u> oi	our system.		
ADDRESS: Street	City	State	Zip		
SIGNATURE (Required to process certification)	ficate):				
Please enclose a \$10 fee payable to:	The Department of Regulation	and Licens	ing.		
Mail to: ATTN: DECORATIVE CH					
DEPARTMENT OF REGU					
P.O. BOX 8935					
MADISON WI 53708-8935	MADISON WI 53708-8935 Please allow approximately 3 months for processing				